

CHECK LIST A

EMPLOYEE NAME: _____

INITIAL (NEW HIRE) SPP CONTRACTS ARE TO BE SUBMITTED IN THE FOLLOWING ORDER

- ____ ORIGINAL 311T PLUS COPY
- ____ W-4 PLUS COPY
- ____ ORIGINAL 312 PLUS COPY (IF NECESSARY)
- ____ ORIGINAL 1242-1 (PLUS COPY IF 312 IS NECESSARY)
- ____ ORIGINAL 1242-2 (PLUS COPY IF 312 IS NECESSARY)
- ____ ORIGINAL 1242-6 (PLUS COPY IF 312 IS NECESSARY)
- ____ 1819 (PLUS COPY IF 312 IS NECESSARY)
- ____ POSITION CLASSIFICATION WORKSHEET (IF CLASSIFICATION **IS NOT** ON THE DHMH
DELEGATED CLASSIFICATION LISTING)
- ____ APPLICATION/RESUME
- ____ LICENSE, REGISTRATION, DIPLOMA, TRANSCRIPTS, ETC.
- ____ RECORD OF COMPLETION OF EMPLOYMENT REFERENCE CHECK(S)
- ____ RECORD OF COMPLETION OF EDUCATIONAL CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)
- ____ RECORD OF COMPLETION OF EXPERIENCE CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)
- ____ I-9 FORM
- ____ AUTHORITY FOR RELEASE OF INFORMATION FORM
- ____ CRIMINAL CONVICTION REPORT FORM
- ____ CRIMINAL BACKGROUND CHECK FORM
- ____ COMBINED IRMA POLICY ACKNOWLEDGMENT FORM
- ____ STATE OF MD SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT FORM
- ____ DRUG TESTING REQUIREMENT FORM (SENSITIVE CLASSES)
- ____ DRIVER ACKNOWLEDGMENT FORM
- ____ SEXUAL HARASSMENT FORM
- ____ HEALTH BENEFITS ELECTION FORM
- ____ MARYLAND NEW HIRE REGISTRY REPORTING FORM OR CONFIRMATION #
- ____ DOMESTIC VIOLENCE ACKNOWLEDGMENT FORM
- ____ EQUAL OPPORTUNITY APPLICANT DATA FORM
- ____ REQUEST FOR STATE I.D. BADGE (STATE OFFICE COMPLEX EMPLOYEES)
- ____ CORPORATE COMPLIANCE

CONTRACT ADMINISTRATOR/PERSONNEL LIAISON/DATE*

***MUST BE ORIGINAL SIGNATURE**

REVISED 3/2003

